

1. CIR/DIST/ DIV. CODE		2. PERSON REPRESENTED <b>Phillip Kennec</b>		VOUCHER NUMBER	
3. MAG. DKT/DER. NUMBER		4. DIST. DKT/DER. NUMBER <b>CR-13-162</b>		5. APPEALS DKT/DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>USA - v - Kennec</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions)					

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name including any suffix), AND MAILING ADDRESS  
**Jeffrey Pittell**  
**(516) 829-2299**  
 Telephone Number:  
**U.S. DISTRICT COURT E.D.N.Y.**  
**AUG 01 2016**  
**LONG ISLAND OFFICE**

13. COURT ORDER  
☒ O Appointing Counsel ☐ C Co-Counsel  
☐ F Subs For Federal Defender ☐ R Subs For Retained Atty.  
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  
**Maha & Pittell, LLP**  
**42-40 Bell Blvd #302**  
**Bayside, NY 11361**

Prior Attorney's Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_  
☐ Because the above-named person represented has testified under oath or has otherwise testified this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  
☐ Other (See Instructions)  
 Signature of Presiding Judicial Officer in my order of the Court  
**8/1/16**  
 Date of Order \_\_\_\_\_ Name Pro Tunc Date \_\_\_\_\_  
 Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

CLAIMS FOR SERVICES AND EXPENSES		CLAIMED AND ADJUSTED				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR) TOTALS						
Out of Court	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR) TOTALS						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number \_\_\_\_\_ ☐ Supplemental Payment  
 Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO  
 Have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.  
 I swear or affirm the truth or correctness of the above statements.  
 Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

APPROVED FOR PAYMENT				
23. IN COURT COMP	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT AMT. APPR/CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE